

## Exhibit C

Name of Debtor:	Case Number									
<b>GRAMERCY COURT CONDOMINIUMS</b>										
<p><b>NOTE.</b> See Reverse for List of Debtors and Case Numbers.          This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>										
<b>Name of Creditor and Address:</b> <div style="display: flex; align-items: center;"> <span style="margin-right: 20px;">[REDACTED]</span> <span>11321241006080</span> </div> <p>DONNOLO FAMILY TRUST DTD 8/24/88 JOSEPH &amp; LORETTA          DONNOLO TRUSTEES          3120 HIGHLAND FALLS DR          LAS VEGAS NV 89134-7422</p>										
<b>Creditor Telephone Number (702) 2-42-4631</b> Last four digits of account or other number by which creditor identifies debtor _____										
<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.										
<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</small> <b>THIS SPACE IS FOR COURT USE ONLY</b>										
Check here <input type="checkbox"/> replaces a previously filed claim dated: _____ <small>if this claim</small> <input type="checkbox"/> or amends _____										
<b>1 BASIS FOR CLAIM</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Goods sold</td> <td style="width: 33%;"><input type="checkbox"/> Personal injury/wrongful death</td> <td style="width: 33%;"><input type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Money loaned</td> <td><input type="checkbox"/> Other (describe briefly)</td> <td>Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)</td> </tr> </table>		<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Unremitted principal	<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Other claims against servicer (not for loan balances)	<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Unremitted principal								
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Other claims against servicer (not for loan balances)								
<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)								
<b>2. DATE DEBT WAS INCURRED: 8-10-05</b> <b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>										
<b>4. CLASSIFICATION OF CLAIM.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations.</small>										
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority										
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).										
<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>LAND</u> Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____										
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).										
<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>										
<b>5. TOTAL AMOUNT OF CLAIM \$</b> <u>\$ 150,000</u> <b>\$</b> <u>\$ 150,000</u> AT TIME CASE FILED      (unsecured)      (secured)      (priority)      (Total)										
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.										
<b>6 CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim										
<b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary										
<b>8. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim										
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).										
<b>BY MAIL TO:</b> BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911										
<b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245										
<b>THIS SPACE FOR COURT USE ONLY</b>										
DATE	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): <u>9-27-06 Joseph Donnolo Trustee</u>									
<small>FD OCT 18 2006</small>										
<small>USA CMC</small>										
										

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor <b>USA COMMERCIAL MORTGAGE CO.</b>	Case Number <b>06-10725</b>		
<p><b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>FRIEDA MOON, an unmarried woman and SHARON C. VAN ERT, an unmarried woman as JTWRs</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court		
Name and address where notices should be sent <b>Frieda Moon 2504 Calita Court Las Vegas, NV 89102 Telephone number 702-599-6000</b>	THIS STATE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here <input type="checkbox"/> replaces if this claim <input checked="" type="checkbox"/> amends a previously filed claim dated <b>5/23/06</b>		
<b>1 Basis for Claim</b> <b>General Claim Class 4</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Goods sold</li> <li><input type="checkbox"/> Services performed</li> <li><input type="checkbox"/> Money loaned</li> <li><input type="checkbox"/> Personal injury/wrongful death</li> <li><input type="checkbox"/> Taxes</li> <li><input checked="" type="checkbox"/> Other <b>Negligence and Fraud</b></li> </ul>	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> <b>January 15, 2004</b>	<b>3 If court judgment, date obtained</b>		
<b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations <b>Unsecured Nonpriority Claim \$ 51,033.34</b>			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority			
Amount entitled to priority \$ _____ Specify the priority of the claim			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)			
*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment			
<b>5 Total Amount of Claim at Time Case Filed</b> <b>As of Nov 6, 2006</b>	\$ <b>51,033.34</b>	(unsecured)	(secured) <b>51,033.34</b> (priority) (Total)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7 Supporting Documents</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim			
Date <b>12/6/06</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <i>Nancy L. Allf, Esq.</i> <b>Nancy L. Allf, Esq., Bar #0128</b>		
THIS STATE IS FOR COURT USE ONLY			
<b>FILED DEC 06 2006</b>			
		USA CMC 10725000112	

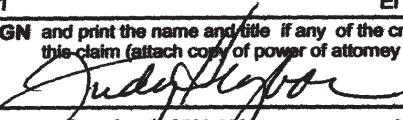
## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEVADA</u>		PROOF OF CLAIM	
Name of Debtor <b>USA COMMERCIAL MORTGAGE COMPANY</b>	Case Number <b>BK-S-06-10725 LBR</b>		
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>David E Gackenbach IRA</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent c/o Peter Susi, Esq. Michaelson, Susi & Michaelson 7 West Figueroa Street, 2nd Floor Santa Barbara, CA 93101 Telephone number (805) 965-1011	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor N/A	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____		
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>See attached</u>	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below)  Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> Unmatured -- see attached	<b>3 If court judgment, date obtained</b> N/A		
<b>4 Classification of claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations <b>Unsecured Nonpriority Claim \$ 150,000</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	<b>Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <b>Brief Description of Collateral</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  <b>Value of Collateral \$</b> _____ <b>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$</b> _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____ <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>		
<b>5 Total Amount of Claim at Time Case Filed</b> <b>\$ 150,000</b> (unsecured) (secured) (priority) (Total) <b>150,000</b> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges	THIS SPACE IS FOR COURT USE ONLY		
<b>8 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	<i>Filed Date</i> <b>10/31/2006</b>		
<b>9 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>10 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date <b>August 25, 2006</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>David E Gackenbach</i>		USA CMC  1072500259

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

## FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court - District of Nevada		PROOF OF CLAIM
Name of Debtor <b>USA Commercial Mortgage Co</b>	Case Number <b>BK-S-06-10725-LBR</b>	This Space is for Court Use Only
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Hall Financial Group, Ltd and Hall Phoenix Inwood, Ltd</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
Name and address where notices should be sent <b>Hall Financial Group, Ltd /Hall Phoenix c/o Frank J Wright 14755 Preston Rd , #600 Dallas, TX 75254</b>	<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Telephone number <b>(972) 788-1600</b>		
Last 4 digits of account or other number by which creditor identifies debtor <b>n/a</b>	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <b>Addendum *</b>	<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
<b>2 Date debt was incurred</b> <b>2004-2006</b>	<b>3 If court judgment, date obtained</b>	
<b>4 Classification of Claim</b> Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations <b>Unsecured Nonpriority Claim \$ 581,000 00 *</b> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority	<b>Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____  Amount of arrearage and other charges at time case filed included in the secured claim if any \$ _____	
<b>Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase lease, or rental of property or services for personal family or household use - 11 U S C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a)(_____)	
<i>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>		
<b>5 Total Amount of Claim at Time Case Filed</b> <b>\$ 581,000 00 *</b> (unsecured) (secured) (priority) <b>581,000 00 *</b> (Total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges		
<b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim	This Space is for Court Use Only	
<b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary	<i>FILED JAN 12 2007</i>	
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim		
Date <b>January 12, 2007</b>	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  <b>/s/ Donald L. Braun</b> <b>Donald L. Braun, President</b>	
USA CMC  1072501993		

		<b>PROOF OF CLAIM</b>	
Name of Debtor	Case Number		
<b>NOTE</b> See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503			
<b>Name of Creditor and Address:</b>  11321241002427 JUDY HEYBOER 1150 HIDDEN OAKS DR MENLO PARK CA 94025-6043		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
<b>Creditor Telephone Number</b> (415) 321 3370 Last four digits of account or other number by which creditor identifies debtor: 3561 Granery Court		<b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</b> <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> <b>THIS SPACE IS FOR COURT USE ONLY</b>	
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date)      (date)	
<b>2. DATE DEBT WAS INCURRED.</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4. CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>			
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority			
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
<b>SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)			
<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>			
<b>5 TOTAL AMOUNT OF CLAIM \$</b> _____ \$ _____ \$ _____ \$ _____ AT TIME CASE FILED:      (unsecured)      (secured)      (priority)      (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
<b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary			
<b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) <b>BY MAIL TO</b> BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911			<b>THIS SPACE FOR COURT USE ONLY</b>
DATE	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) 		
FILED SEP 28 2006			
USA CMC  1072500331			

**PROOF OF CLAIM****Name of Debtor**

USA COMMERCIAL MORTGAGE CO

**Case Number**

BK-S-06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

**Name of Creditor and Address**

11321241042167

RUTHERFORD, INGRID A  
 TTEE OF THE INGRID A RUTHERFORD  
 FAMILY TRUST DATED 7/8/99  
 I A R CMR 419  
 P O BOX 224  
 APO AE 9102

Creditor Telephone Number ( ) 011-49-6221-801786

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

 Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

 Check box if this address differs from the address on the envelope sent to you by the court
**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

**THIS SPACE IS FOR COURT USE ONLY**

Last four digits of account or other number by which creditor identifies debtor

 Check here if this claim replaces or amends a previously filed claim dated \_\_\_\_\_
**1 BASIS FOR CLAIM**

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death
<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes
<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly) _____

 Retiree benefits as defined in 11 U.S.C. § 1114(a)

 Unremitted principal

 Wages, salaries, and compensation (fill out below)

 Other claims against servicer (not for loan balances)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**2 DATE DEBT WAS INCURRED JUNE 2005****3 IF COURT JUDGMENT, DATE OBTAINED N/A****4 CLASSIFICATION OF CLAIM** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations**UNSECURED NONPRIORITY CLAIM \$**
 Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority
**SECURED CLAIM (GRAMERCY COURT CONDOS)**
 Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ unknown

Amount of arrearage and other charges at time case filed included in secured claim, if any, \$ 50,000 original investment plus \$ 198.47 interest as of June 2006

 Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)

 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

 Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

**5 TOTAL AMOUNT OF CLAIM \$ 50,198 47 \$ 50,198 47**  
 AT TIME CASE FILED (unsecured) (secured) (priority) (Total)

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges
**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous attach a summary**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO

BMC Group

Attn: USACM Claims Docketing Center

P O Box 911

El Segundo, CA 90245-0911

**THIS SPACE FOR COURT USE ONLY**

FILED OCT 31 2006

BY HAND OR OVERNIGHT DELIVERY TO

BMC Group

Attn: USACM Claims Docketing Center

1330 East Franklin Avenue

El Segundo CA 90245

USA CMC



1072500842

DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

23 October 2006 Magdalene Schleifer

**PROOF OF CLAIM**

Name of Debtor:

Case Number:

06-10725-LBR

**USA COMMERCIAL MORTGAGE COMPANY**

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

**Name of Creditor and Address:**

11321241001148  
 THE KENNETH H & PHYLLIS P WYATT FAMILY TRUST  
 C/O KENNETH H WYATT & PHYLLIS P WYATT TRUSTEES  
 PO BOX 370400  
 LAS VEGAS NV 89137-0400

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**Creditor Telephone Number ( 702-804-1832 )

Last four digits of account or other number by which creditor identifies debtor:

5311Check here  replaces  
if this claim  or  
 amends a previously filed claim dated: \_\_\_\_\_**1. BASIS FOR CLAIM**

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)  Unremitted principal  
 Wages, salaries, and compensation (fill out below)  Other claims against servicer  
 Last four digits of your SS #: \_\_\_\_\_ (not for loan balances)  
 Unpaid compensation for services performed from: 04/01/06 to 11/01/06  
 (date) (date)

**2. DATE DEBT WAS INCURRED:****3. IF COURT JUDGMENT, DATE OBTAINED:****4. CLASSIFICATION OF CLAIM.** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.  
See reverse side for important explanations.**UNSECURED NONPRIORITY CLAIM \$**

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

**SECURED CLAIM**

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

Real Estate  Motor Vehicle  Other INTEREST

Value of Collateral: \$ 100,000.00Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 8,166.65**UNSECURED PRIORITY CLAIM**

Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries, or commissions (up to \$10,000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( \_\_\_\_ ).

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5. TOTAL AMOUNT OF CLAIM \$**

AT TIME CASE FILED:

(unsecured)

\$ 108,166.65

(secured)

\$ 108,166.65

(priority)

(Total)

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**6. CREDITS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8. DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 P. O. Box 911  
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 1330 East Franklin Avenue  
 El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**

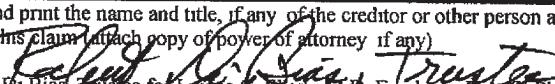
DATE

11/02/06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Kenneth H. Wyatt, Trustee

## FORM B10 PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number BK-S-06-10725-LBR		
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503			
Name of Creditor (The person or entity to whom the debtor owes money or property) Robert Di Bias and Louise G Sherk, Trustees of the Louise G Sherk, M.D. Employee Benefit Plan Trust (Direct Lenders)	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court		
Name and addresses where notices should be sent: c/o Robert Di Bias and Louise G Sherk Trustees 3830 Ocean Birch Dr Corona del Mar California 92625-1244			
Telephone number (949) 644-7720	This Space Is For Court Use Only		
Last four digits of account or other number by which creditor identifies debtor Client ID 3273 / 3884	<input type="checkbox"/> replaces } <input type="checkbox"/> amends } a previously filed claim, dated _____		
1 Basis for Claim	<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
2 Date debt was incurred May 3 2005	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS# _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
3 If court judgment, date obtained			
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations			
Unsecured Nonpriority Claim \$ _____	<input type="checkbox"/> Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)		
<input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	Brief Description of Collateral (Gramercy Court Condos) <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle    Other _____ Value of Collateral \$Unknown		
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority	Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		
Amount entitled to priority \$ _____	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental or property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owned to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)		
<input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507(a)(5)	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment		
5 Total Amount of Claim at Time Case Filed \$ _____ (unsecured) \$50,723.29    \$ _____ (secured)    \$ _____ (priority)    \$50,723.29* (Total)    \$50,723.29*			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim			
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available explain. If the documents are voluminous attach a summary			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim	This Space Is For Court Use Only		
Date November 8, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  Robert Di Bias, Trustee for Louise G Sherk M.D. Employee Benefit Plan Trust		
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§152 and 3571 * Plus accruing interest, unspecified damages arising from mismanagement of loan, improper assessment of servicing fees and potential misappropriation of funds.			
USA CMC  1072500731			

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS	
Name of Debtor <b>USA Commercial Mortgage Company</b>		Case Number <b>06-10725-LBR</b>		Schedule/Claim ID s31790 Amount/Classification \$2 175 20 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court		The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below <b>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed</b> If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again	
Name of Creditor and Address  JOHN MANTER 1449 TIROL DR INCLINE VILLAGE NV 89451 7902		11321240002744		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Creditor Telephone Number ( ) <b>775-831-6667</b>				Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____	
1 BASIS FOR CLAIM		<input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)		<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Wages salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date)      (date)	
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT, DATE OBTAINED			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations					
<b>UNSECURED NONPRIORITY CLAIM \$</b> <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority					
<b>SECURED CLAIM</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <b>22,616,666.00</b> Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____					
<b>UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5)					
<input type="checkbox"/> Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) ( _____ )					
<small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>					
5 TOTAL AMOUNT OF CLAIM \$ <b>50,000.00</b>		\$ <b>50,000.00</b>		\$ <b>50,000.00</b>	
(unsecured)      (secured)      (priority)      (Total)					
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges					
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary					
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) <b>BY MAIL TO</b> BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911				THIS SPACE FOR COURT USE ONLY	
<b>BY HAND OR OVERNIGHT DELIVERY TO</b> BMC Group Attn USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245				<b>FILED JAN 10 2007</b>	
DATE <b>1/06/07</b>	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  <i>John Manter</i>				
Penalty for presenting fraudulent claims is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571					
USA.CMC					


 1072501975

**PROOF OF CLAIM**

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense  
ansing after the commencement of the case A "request" for payment of an  
administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

[REDACTED] 11321241000490  
 NEVADA FREEDOM CORP  
 PSP DTD 10/1/90 AND 9/1/95  
 FTBO DEBRA L DEVERILL  
 C/O DUANE U DEVERILL TRUSTEE  
 774 MAYS BLVD STE 10 PMB 186  
 INCLINE VILLAGE NV 89451-9613

 Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

 Check box if you have never received any notices from the bankruptcy court or BMC Group in this case

 Check box if this address differs from the address on the envelope sent to you by the court

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (775-560-7002 (775) 831-7482)

Last four digits of account or other number by which creditor identifies debtor

Check here  replaces  
if this claim  or amends a previously filed claim dated \_\_\_\_\_**1 BASIS FOR CLAIM**

Goods sold  Personal injury/wrongful death  
 Services performed  Taxes  
 Money loaned  Other (describe briefly)

 Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Wages, salaries, and compensation (fill out below) Other claims against servicer (not for loan balances)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date) (date)

**2 DATE DEBT WAS INCURRED:****3 IF COURT JUDGMENT, DATE OBTAINED**4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed  
See reverse side for important explanations**UNSECURED NONPRIORITY CLAIM \$**

Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority

**SECURED CLAIM**

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate  Motor Vehicle  Other \_\_\_\_\_

Value of Collateral \$ 41,500-500

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_

**UNSECURED PRIORITY CLAIM**

Check this box if you have an unsecured claim, all or part of which is entitled to priority

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  
 Wages, salaries or commissions (up to \$10 000)\*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)  
 Contributions to an employee benefit plan - 11 U S C § 507(a)(5)

 Up to \$2,225\* of deposits toward purchase lease or rental of property or services for personal, family or household use - 11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED**

(unsecured)

\$ 354,947.94

(secured)

\$ 354,947.94

(priority) 4-12-06 (Total)

 Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO  
BMC GroupAttn USACM Claims Docketing Center  
P O Box 911  
El Segundo, CA 90245-0911

THIS SPACE FOR COURT USE ONLY

BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

FILED OCT 02 2006

DATE SIGN and print the name and title if any of the creditor or other person authorized to file  
this claim (attach copy of power of attorney if any)

9-27-06 Debra L. Deverill (Debra L. Deverill)

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

USA CMC  
1072500402